## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

155412005024

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                 |                               |                              |  |          | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|---|---|-----------------|-------------------------------|------------------------------|--|----------|---------------------|------------------------|-------|-------------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 25              |                               |                              |  |          | RATE                | FEE                    |       | RATE                          | FEE                    |
| FOR  |   |   | NUMBER FILED    |                               | NUMBE                        | ER EXTRA                                     |          | BASIC FEE           | 375.00                 | OR    | BASIC FEE                     | 750.00                 |
| TO   | TAL CHARGEA   | BLE CLAIMS                                | 26 minu         | us 20=                        | • 6                          | ,<br>2                                       |          | X\$ 9=              |                        | OR    | X\$18=                        | Rol                    |
| IND  | EPENDENT CL   | AIMS                                      | 9 minus 3 = * 6 |                               |                              |  |          | X42=                |                        | OR    | X84=                          | 504                    |
| MULTIPLE DEPENDENT CLAIM PRESÉNT   |   |   |                 |                               |                              |  |          | +140=               |                        | OR    | +280=                         | , , , ,                |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                 |                               |                              |  | TOTAL    |                     | OR                     | TOTAL | 1362                          |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |   |                 |                               |                              |  | <u> </u> | SMALLE              | NTITY                  | OR    | OTHER<br>SMALL I              |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total   | · 26                                      | Minus           | ** ×                          | 10                           | =  |          | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|  | Independent   | • 9                                       | Minus           | ***                           | 9                            | <u> </u>                                     | 4        | X42=                |                        | OR    | X84=                          |                        |
| لنا  | FIRST PRESE   | NTATION OF M                              | JUITPLE DEP     | ENDEN                         | CLAIM                        |  | ل        | +140=               |                        | OR    | +280=                         |                        |
|  |   |   |                 |                               |                              |  | 1        | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                 |                               |                              |  |          |                     |                        |       |                               |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus           | **                            |                              | =  |          | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|  | Independent   | * NTATION OF M                            | Minus           | ***                           | T CL AIM                     | <u> -</u>                                    | 4        | X42=                |                        | OR    | X84=                          |                        |
| Ľ.   | FIRST PRESE   | NIAHON OF M                               | ULTIPLE DEF     | CNOCIA                        | CLATIV                       |  | _        | +140=               |                        | OR    | +280=                         |                        |
|  |   |   |                 |                               |                              |  | ,        | TOTAL<br>ADDIT: FEE |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |
|  |   | (Column 1)                                |                 |                               | mn 2)                        | (Column 3                                    |          |                     |                        |       |                               |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus           | **                            |                              | =  |          | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|  | Independent   | *   | Minus           | ***                           | T (1) A114                   | <u>                                     </u> | 4        | X42=                |                        | OR    | X84=                          |                        |
| ╠  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                 |                               |                              |  |          | +140=               |                        | OR    | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |   |   |                 |                               |                              |  |          |                     |                        | OR    | TOTAL                         |                        |
| -  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                 |                               |                              |  |          |                     |                        |       |                               |                        |